

SMILES *by* BOND

FINANCIAL GUIDELINES

We realize that every patient's financial situation is different. For this reason we have worked hard to provide a variety of payment options to help you receive the dental health care you need to enjoy the benefits of a healthy and confident smile while respecting office operational costs for delivering high quality care.

PAYMENT OPTIONS:

- *Cash or Check Our office is happy to offer a 5% courtesy adjustment for all services paid for in full at the time treatment is rendered. This applies to all cash paying patients *without dental insurance coverage* and reflects the amount of cost involved with billing, which helps control fees.

- *Credit Cards Our office accepts Visa, Master Card, American Express and Discover credit cards. Because of contractual relations we are unable to offer the bookkeeping adjustment as our fees are automatically reduced by applied use charges.

- *Financing Our office cannot carry balances by accepting payments for dental care. However, we understand that certain dental procedures may require a substantial investment on the patient's part to proceed with the necessary treatment. Therefore, we have made an arrangement with a healthcare financing institution and are able to offer an alternative healthcare financing option. This is available without annual fees, and no down payments. If approved, your monthly payments could be as low as 3.3% of your balance due. A consultation with our financial coordinator, to determine the best option for you, can be arranged upon request.

DENTAL INSURANCE: We accept most dental insurance plans and we are happy to file the necessary forms to see that you receive the full benefits of your coverage; however we make *no guarantee of any estimated coverage*. Because the insurance policy is an agreement between you and the insurance company, we ask that you be directly responsible to our office for all charges due. Please know that we will do everything possible to see that you receive the full benefits of your policy. An estimated patient share of the amount not covered by the insurance company will be due at each appointment. (This is also requested from those patients that carry more than one dental insurance plan). After we receive final payment from your insurance company, you will receive a statement for any unpaid balance. Finance charges at 12% APR will accrue on any unpaid balances.

MINORS: The adult (parent or guardian) accompanying a minor is responsible for full payment.

MISSED APPOINTMENTS: Unless canceled at least 48 hours in advance, our policy is to charge \$50.00 per each hour reserved for the missed appointment. Please help us serve you better by keeping the appointment that has been reserved specifically for you.

Our main goal is to provide you and your family with premium, state of the art dental health care designed and dedicated to preserve your teeth and oral health for a lifetime. In so doing, we are committed to symbolizing the best experiences, care and individualized relationships this profession can offer. It is to this end that we expect you to honor and abide by these guidelines out of respect to the integrity, values and outward commitment for which this practice stands.

I have read and agree to conform to the contents of this agreement as a patient of the practice.

Patient or Responsible Party Signature _____ Date _____